

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docuShare
document

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CLAIMANT'S NAME Victoria L. Bradshaw				SSAN OR EMPLOYEE NUMBER* XXXXX				DEPARTMENT Labor & Workforce Dev Agency			
POSITION XXXX XXXX			BARGAINING UNIT		DIVISION OR BUREAU Office of the Secretary				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE		
RESIDENCE ADDRESS* XXXXXXXX					HEADQUARTERS ADDRESS 801 K Street, Suite 2101				TELEPHONE NUMBER 916-327-9064		
CITY XXXXXXXX		STATE CA		ZIP CODE XXXX		CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR 05/10	(2) Date	(3) TIME 12:40	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) LODGING	(6) MEALS			(7) INCIDENTALS	(8) COST OF TRANS	(9) TRANSPORTATION				(10) BUSINESS EXPENSE	(11) TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	O.T., L.T., RELO. or DINNER			(A)	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
2		12:40	Sac to Chicago	252.73			18.00		45.00	PC		16.8	\$8.410	23.00	347.140
3			Chicago	252.73	6.00	10.00	18.00	6.00	32.50	T					325.230
4			Chicago	252.73	6.00	10.00	18.00	6.00	34.00	T					326.730
5		14:02	Chicago to Sac		6.00			6.00	45.00	PC	31.00	11	\$5.510	23.00	116.510
United flights via state contract with Sac Travel Services															
(10) SUBTOTALS				758.19	18.00	20.00	54.00	18.00	156.50		31.00	27.8	\$13.920	46.00	\$1,115.61
(11) COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL														\$1,115.61
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(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)							(11A) Summary						(12) NORMAL WORK HOURS	
							Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only		
5/2-5 BIO International Convention													(13) PRIVATE VEHICLE LICENSE XXXXXX	
													(14) MILEAGE RATE CLAIMED \$0.500	
													AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
							Total		Document Reference	Prepared By				

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE XXXXXXXXXXXX		DATE 5-18-10	(16) SIGNATURE OF OFFER APPROVING TRAVEL AND PAYMENT XXXXXXXXXXXX		DATE 5-19-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse) XXXXXXXXXXXX					DATE 5-19-10